



# Kaiser Foundation Health Plan - Hawaii

## Applied Behavior Analysis (ABA) Services Guideline

Applied Behavior Analysis (ABA) focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior; changes in environmental events that are identified from specialized assessment methods.

### Clinical Review

#### Guideline

The member must have been diagnosed with Autism Spectrum Disorder (ASD) by a qualified Kaiser Permanente (KP) provider or multi-disciplinary team appropriately licensed and trained in the diagnosis and treatment of autism, or a qualified non-Kaiser Permanente provider whose evaluation and diagnosis has been reviewed and confirmed by a qualified KP provider or multi-disciplinary team.

There is documentation of a severe challenging behavior and/or communication and social interaction issues, related to characteristics of ASD.

There is reasonable expectation on the part of a qualified treating practitioner or multi-disciplinary team that the individual's behavior will improve significantly with ABA therapy.

Once the KP Hawaii ABA evaluation is complete, the member will then be referred to an ABA provider.

The member's health risk and safety considerations are also assessed, and potential interventions identified that promote health, independence, and safety with the informed involvement of the member, parent, or legal guardian.

#### Treatment Plan

All treatment plans shall include the following:

1. The ABA treatment plan will include the agency responsible for implementation, measures of current and/or age-related level of functioning, and a comprehensive description of treatment interventions for each targeted behavior.
2. Background information (i.e. identifying information, primary reason for services, and current levels of functioning) and case history (i.e. medical, family, social, and educational information)

3. Description of services relating to social, communication, language, behavior, adaptive functions, and modification of behaviors being provided to the individual in school, at home, and other settings and effectiveness of these services.
4. Have specific and measurable goals and objectives that are evidence-based interventions tailored to the individual, baseline measurement levels, include progress, goals for generalization of skills, and an anticipated timeline for mastery for the period of the authorization.
5. The specific techniques to be used by the service provider.
6. The frequency and duration of services.
7. Have measurable parental educational goals.

### **Re-Evaluation**

The ABA provider will submit a request for prior authorization (PA) at least 2 weeks prior to the end of the approved treatment period. The PA request will include a Follow-up ABA Treatment Plan that is a re-evaluation that assesses progress toward treatment goals. The Follow-up ABA Treatment Plan and interventions are to be submitted after 5 full months of therapy to determine if the individual is making progress. KPHI may continue to authorize ABA services for an individual with ASD when ALL the following criteria are met:

1. Measured progress that is compared to baseline in the following skill domain areas: social, communication, cognitive, adaptive, and functioning.
2. Anticipated timeline and hours for the mastery of the treatment goals and objectives.
3. Re-evaluation is done no later than 24 weeks after the initial course of treatment has begun.
4. There is a reasonable expectation the individual will improve significantly with the continuation of ABA services.

### **Criteria for Discharge**

ONE of the following must be met:

- No significant, measurable improvement has been documented in the individual's targeted behavior(s) and this is reasonably attributable to the services provided; or if after a period of 6 months of optimal treatment (assessed at 1 month prior to the end of the authorization), there is no reasonable expectation that termination of the current treatment would put the individual at risk for decompensation or the recurrence of signs and symptoms that necessitated treatment.
- For changes to be "significant", they must result in improved function, be durable over time, and be generalizable outside the treatment setting.
- Treatment is making the symptoms persistently worse.
- The member has achieved adequate stabilization of the challenging behavior and less- intensive modes of therapy are appropriate.

- The member demonstrates an inability to maintain long-term gains from the proposed plan of treatment.
- The member’s parent/legal guardian have not been present and actively participating at each treatment session.

**Exclusions**

ABA treatment does not include the following:

- Care that is custodial in nature.
- Therapy when measurable functional improvement is not expected.
- Services and supplies that is not clinically appropriate.
- Treatments considered experimental.
- Services provided outside of the State of HI.
- Services that are primarily educational in nature.
- Long-term services and support (LTSS) or respite service.

**Frequency and Duration**

Initial authorization for treatment is 26 weeks.

Approval	Dates
Chief Approval: Caroline Chang, MD Chief, Pediatrics	10/2022, 12/2023
Joshua Fouts, PhD, BCBA-D	10/2022, 12/2023

**References**

Operations Manual for Applied Analysis Provider